Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective October 1, 2003                      |   |   |                                       |                                   |              |                  |                 | 87225 PEW         |                        |      |                            |                        |  |
|--|---|---|---------------------------------------|-----------------------------------|--------------|------------------|-----------------|-------------------|------------------------|------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                                       |                                   |              |                  |                 | SMALL ENTITY TYPE |                        |      | OTHER THAN OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS                                   |   |   | <u> </u>                              |                                   |              | -                |                 | TE                | FEE                    | 7    | RATE                       | FEE                    |  |
| FOR  |   |   | NUMBER FILED . I                      |                                   | NUME         | NUMBER EXTRA     |                 | C FEE             | 385.00                 | OR   | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                        |   |   | X minus 20= *                         |                                   | · C          | )                | X\$             | 9=                |                        | OR   | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS                             |   |   | / minus 3 = * @                       |                                   |              |                  | X4              | 3=                |                        | OR   | X86=                       |                        |  |
| ΜL   | JLTIPLE DEPEN   | NDENT CLAIM PI                            | RESENT                                |                                   |              |                  | +14             |                   | <del> </del>           | OR   | +290=                      |                        |  |
| * If   | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                                   |              |                  | TO              |                   | <u> </u>               | OR   | TOTAL                      | 222                    |  |
|  | С   |   | ,                                     |                                   | 10           | OTHER            | THAN            |                   |                        |      |                            |                        |  |
| (Column 1)                                     |   |   | (Column 2) (                          |                                   |              | (Column 3)       | SMALL ENTITY    |                   |                        | OR   | OR SMALL ENTITY            |                        |  |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA | RA <sup>-</sup> | ΓE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total   | *   | Minus                                 | **                                |              | =                | X\$             | 9=                |                        | OR   | X\$18=                     |                        |  |
| AME  | Independent   | <u> </u>                                  |                                       |                                   | · C: A184    | =                | X43             | 3=                |                        | OR   | X86=                       |                        |  |
| Ĺ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                   |              |                  | +14             | 5=                |                        | OR   | +290=                      |                        |  |
|  |   |   |                                       |                                   |              |                  |                 | DTAL              |                        | OB   | TOTAL<br>ADDIT. FEE        |                        |  |
|  |   | (Column 1)                                |                                       | (Colum                            | nn 2)        | (Column 3)       | ADDIT.          | ree (             |                        | , ,  | AUDII. FEC                 |                        |  |
| AMENDMENT B                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>DUSLY | PRESENT<br>EXTRA | RAT             | ſΈ                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                                 | **                                |              | =                | X\$ 9           | 9=                |                        | OR   | X\$18=                     |                        |  |
|  | Independent   | *   | Minus                                 | ***                               | O: A114      | =                | X43             | 3=                |                        | OR   | X86=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                   |              |                  | +145            | 5=                |                        | OR   | +290=                      |                        |  |
|  |   |   |                                       |                                   |              |                  |                 | TAL<br>FEE        |                        | OR , | TOTAL<br>ADDIT. FEE        |                        |  |
|  |   |   |                                       |                                   |              |                  |                 |                   |                        |      |                            |                        |  |
| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | . ,                                   | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>JUSLY | PRESENT<br>EXTRA | RAT             | E                 | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                                 | ** .                              |              | = .              | X\$ 9           | )=                |                        | OR   | X\$18=                     |                        |  |
|  | Independent   | *   | Minus                                 | ***                               |              | -                | X43             | =                 |                        | OR   | X86=                       |                        |  |
|  | FIRST PHESE   | NTATION OF MU                             | ILTIPLE DEP                           | ENDENT                            | CLAIM        |                  | +145            | ;=                |                        | OR   | +290=                      |                        |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                                   |              |                  |                 |                   |                        |      |                            |                        |  |